



Department of Permitting Services
Division of Building Construction
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Preliminary Design Consultation Form

A. Client Information

Client Name: _____

Client Phone Number: _____ Fax Number: _____

Project Name and Address: _____

B. Notice

The purpose of a design consultation is to discuss specific code issues in the design of your project. A design consultation is not intended to serve as a preliminary permit review or a forum for approving code modifications.

C. Agenda

Please check the codes or standards you wish to discuss and create a specific list of the items you wish to discuss on the meeting agenda. (Attach additional sheets, if necessary).

<input type="checkbox"/> <input type="checkbox"/> MBRC	<input type="checkbox"/> Building Code	<input type="checkbox"/> <input type="checkbox"/> Fire Code
<input type="checkbox"/> <input type="checkbox"/> Mechanical Code	<input type="checkbox"/> <input type="checkbox"/> Electrical Code	<input type="checkbox"/> <input type="checkbox"/> Accessibility Code
<input type="checkbox"/> <input type="checkbox"/> Fire Alarm Code	<input type="checkbox"/> <input type="checkbox"/> Fire Protection System Standards	

Specific issues: (Examples: Will the project require a voice fire alarm? What is the minimum design pressure for the standpipe?) _____

Indicate the total number of persons you expect to bring to the design consultation: _____

D. Basic Project Information: (fill out as completely as possible).

Is your project a new building? - (Y/N)____, an Addition? - (Y/N)____, an Alteration? - (Y/N)____

If new construction: Have soils been investigated? - (Y/N)____, Will building be over two stories - (Y/N)____

Existing Approved Occupancy Use Classification(s), if any: _____ Date of U&O: _____

Proposed Occupancy Use Classification(s): _____

Construction Type (IBC Classification): _____

If unknown, describe construction: _____

Is the building (or will it have) a complete Sprinkler System (Y/N): _____

E. To be read by design consultation client:

Design consultations are scheduled for a one-hour period which starts at your scheduled time. In respect to our other clients and difficulty on re-scheduling the appropriate DPS staff, the design consultation time period cannot be extended or held-over. In order to gain your maximum benefit, please ensure that you and your design team are prompt.

Fax completed Design Consultation Requests to 240-777-6262

F. To be filled out by Department of Permitting Services Staff:

(initials): _____ Scheduled Design Consultation Date/Time _____